Utah's Job Connection

**STATE OF UTAH
DEPARTMENT OF WORKFORCE SERVICES
WORKFORCE INFORMATION TECHNOLOGY**

STATE ONLINE QUERY

DATA EXCHANGE SYSTEM

WITH THE SOCIAL SECURITY ADMINISTRATION

REQUEST 1435

USER GUIDE

Prepared by Barbara Martz

November 7, 2000

SOLQ USER GUIDE

The State Online Query system allows PACMIS users to access Social Security Administration records online. Inquiries are to be made only when necessary to perform your job of determining eligibility for unemployment insurance, food stamp, financial, child care or medical benefits issued through DWS computer systems. Any other use may be in violation of both state and federal law and may result in dismissal and/or felony prosecution. Information received through SOLQ is confidential. If you have any questions concerning the proper use of SOLQ, please check with your supervisor or DWS security staff.

The following pages describe the process.

Begin with the Inquiry Menu - INME.

```
INME                      INQUIRY MENU                     11OCT00 16:49
                                                            BARBARA-DV M


     1. PRIOR CONTACT CHECK              12. CHILD CARE BENEFIT HISTORY
     2. CASE PROFILE                     13. ACTION HISTORY
     3. HOUSEHOLD SUMMARY                14. CHILD SUPPORT SUMMARY
     4. FINANCIAL ISSUANCE HISTORY       15. NOTICE HISTORY
     5. FOOD STAMP ISSUANCE HISTORY      16. WORKER NOTICE HISTORY
     6. CHILD CARE ISSUANCE HISTORY      17. INTERFACE INQUIRY
     7. SPECIAL PMTS ISSUANCE HISTORY    18. BUY-IN INQUIRY
     8. MED EXCESS PAYMENT HISTORY       19. NEW HIRES REGISTRY INQUIRY
     9. FINANCIAL BENEFIT HISTORY        20. REVIEW MENU
    10. FOOD STAMP BENEFIT HISTORY       21. STATE ONLINE QUERY SYSTEM
    11. MEDICAL BENEFIT HISTORY


                ENTER  FUNCTION   (BY NUMBER): 21
                CASE NUMBER        (FOR 2-16):
                BUDGETING METHOD (FOR 3 ONLY): P
                CLIENT SSN  (FOR 17,18,19,21): 102 58 1004
                BENEFIT MONTH                 :


                                               NEXT-->
```

Enter function 21 and the Client SSN for the inquiry. Press **ENTER**.

If the SSN you entered belongs to a PACMIS client, The SOLQ screen will appear. Otherwise you will see a message on INME **SSN NOT KNOWN TO PACMIS** and you will not be able to inquiry on that SSN.

```
 SOLQ               STATE ONLINE QUERY REQUEST             11OCT00 16:55
                                                           BARBARA-DV M

                   SSN: 102 58 1004     VERIFICATION: V

  NAME: SOLQTEST              SUSAN       A   DOB: 02MAR59      SEX: F

               **************************************************
               *        TO CONTINUE WITH THE INQUIRY           *
               *    PLEASE ENTER THE FOLLOWING INFORMATION:     *
               **************************************************


               REASON FOR INQUIRY:__


          TO INQUIRE BY CLAIM NUMBER INSTEAD OF SSN,
          PLEASE ENTER THE CLAIM NUMBER_____ BIC____



   PRESS **ENTER** TO CONTINUE    PRESS **F9** TO RETURN TO INME
```

SOLQ will display the SSN you entered on INME and the SSN Verification Code, Name, Date of Birth and Sex from the PACMIS record which is connected to the inquiry SSN.   To continue with the inquiry, enter the Reason for Inquiry.   Reason codes are:

                C - FEP
                F - FOOD STAMPS
                H - HEALTH MAINTENANCE
                J - FEP AND FOOD STAMPS
                K - FOOD STAMPS AND MEDICAID
                N - MEDICAID
                P - CHILD SUPPORT ENFORCEMENT
                S - WRITTEN STATEMENT OF CONSENT FROM INDIVIDUAL
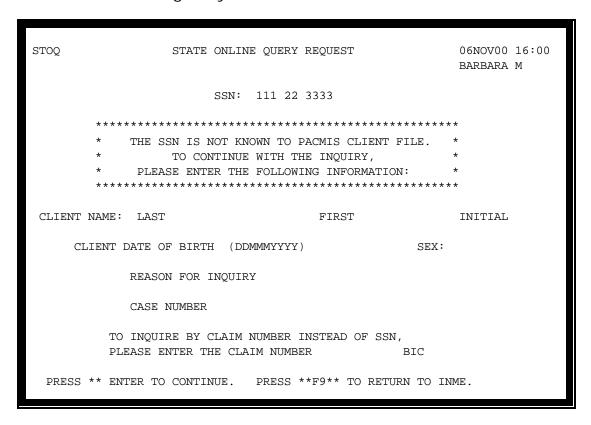   U - UNEMPLOYMENT COMPENSATION

 You may also inquire by the SSA Claim Number. To do so, enter the claim number and the Beneficiary Identification Code (BIC) in the appropriate fields.

Press **ENTER** to continue with the inquiry. PACMIS will display SLQW, a screen with the confidentiality requirements and responsibilities.

Press **F9** to return to INME without processing the inquiry.

Access to the SOLQ data from SSA is restricted to SSN's which belong to clients with a PACMIS indicator of "Y". However, a few people in the state have special access to inquire on SSN's which are not known to PACMIS. Helpdesk staff are some of the people with this security. They may inquire for you. The screen they access is the STOQ screen. In order to inquire they must provide the SSN, client last name and first name, date of birth, sex, reason for inquiry and the PACMIS case number requiring the SSA information for eligibility.

```
STOQ                    STATE ONLINE QUERY REQUEST              06NOV00 16:00
                                                                BARBARA M


                        SSN:  111 22 3333


              ****************************************************
              *     THE SSN IS NOT KNOWN TO PACMIS CLIENT FILE.   *
              *           TO CONTINUE WITH THE INQUIRY,           *
              *      PLEASE ENTER THE FOLLOWING INFORMATION:      *
              ****************************************************


  CLIENT NAME:  LAST                      FIRST              INITIAL


      CLIENT DATE OF BIRTH  (DDMMMYYYY)                  SEX:


           REASON FOR INQUIRY


           CASE NUMBER


        TO INQUIRE BY CLAIM NUMBER INSTEAD OF SSN,
        PLEASE ENTER THE CLAIM NUMBER                  BIC


   PRESS ** ENTER TO CONTINUE.   PRESS **F9** TO RETURN TO INME.
```

SOLQ will display the SSN entered on INME. To continue with the inquiry, enter the Client Name, Date of Birth, Sex and the Reason for Inquiry. Reason codes are:

                C - FEP
                F - FOOD STAMPS
                H - HEALTH MAINTENANCE
                J - FEP AND FOOD STAMPS
                K - FOOD STAMPS AND MEDICAID
                N - MEDICAID
                P - CHILD SUPPORT ENFORCEMENT
                S - WRITTEN STATEMENT OF CONSENT FROM INDIVIDUAL
                U - UNEMPLOYMENT COMPENSATION

You may also inquire by the SSA Claim Number. To do so, enter the claim number and the Beneficiary Identification Code (BIC) in the appropriate fields.

Press **ENTER** to continue with the inquiry. PACMIS will display SLQW, a screen with the confidentiality requirements and responsibilities.

Press **F9** to return to INME without processing the inquiry.

```
SLQW                   STATE ONLINE QUERY WARNING              13OCT00 12:10
                                                               BARBARA-DV M


    ******************************************************************
    *                        WARNING:                               *
    *   INTENTIONAL INQUIRY INTO A FILE THAT IS NOT REQUIRED         *
    *      TO PERFORM YOUR JOB OR MISUSE OF DATA OBTAINED            *
    *    THROUGH USE OF THE SOLQ SYSTEM IS A VIOLATION OF            *
    *      BOTH STATE AND FEDERAL LAW AND MAY RESULT IN              *
    *         DISMISSAL AND\OR FELONY PROSECUTION                    *
    ******************************************************************


          TO CONTINUE WITH THIS ONLINE QUERY
          PLEASE ENTER YOUR PACMIS PASSWORD: _____


    ******************************************************************
    *    ALL TRANSACTIONS ARE MONITORED BY ACF2 USER ID             *
    *                                                                *
    *  DO NOT LEAVE YOUR TERMINAL UNATTENDED WHEN LOGGED ON          *
    ******************************************************************


       PRESS **ENTER** TO CONTINUE    PRESS **F9** TO RETURN TO INME
```

To continue with the inquiry, enter your PACMIS password in the field. The password will not be displayed as you enter it.

Press **ENTER** to continue. If you have entered your password correctly, PACMIS will process your inquiry request. A record will be created in the Interface file for an audit record of the SOLQ transaction. The audit record will list the SSN of the inquiry, the user's logon ID, the date and the time of the inquiry.

When the inquiry is received by SSA, the SSN will be checked for verification. If it is verified, the SSA system will search for SSA (Title II) benefits and SSI (Title XVI) benefits. The results of the SSA process will be returned to PACMIS and displayed on the SSNR screen.

```
SSNR                    STATE ONLINE QUERY RESPONSE              13OCT00 12:22
                                                                 BARBARA-DV M


          ************* REQUEST INFORMATION *******************
          SSN: 002 58 1704                     CLAIM NUMBER:
   NAME: DORAN           SUSAN        A   DOB: 02MAR59        SEX:


          ******** SSN VERIFICATION INFORMATION *******
     SSN IS VERIFIED
     NUMIDENT SSNS:
     NUMIDENT DOB:

     *** MORE INFORMATION HAS BEEN PROVIDED BY SSA ***
     SSA BENEFIT INFORMATION EXISTS. PRESS **ENTER TO VIEW SSAR
     SSI BENEFIT INFORMATION EXISTS. PRESS **PF8** TO VIEW SSI1




                    PRESS **F9** TO RETURN TO INME
```

The **REQUEST INFORMATION** section displays the data which was sent to SSA. Names may be truncated; Sex may be blank. This section will clarify if the inquiry was made by SSN or Claim Number.

The **SSN VERIFICATION INFORMATION** section provides the results of the Numident and SSN verification process within SSA's database. The first line provides the SSA verification code response. Possible displays are:
   SSN IS VERIFIED
   SSN VERIFIED, OTHER THAN NUMIDENT
   SSN VERIFIED, SURNAME IGNORED
   SSN VERIFIED FOR DECEASED INDIVIDUAL
   SSN NOT VERIFIED, ANOTHER LOCATED
      The other, correct SSN will appear in NUMIDENT SSNS field.
   MULTIPLE SSNS PROVIDED
      The SSN used for inquiry may be considered correct. Other SSN's
      which the person has used, up to 5, appear in NUMIDENT SSNS field.
   NAME DOES NOT MATCH
      SSN is not verified, and no additional SSA information will be
      provided.
   NAME AND SEX MATCH, DOB DOES NOT MATCH
      SSN is not verified, and no additional SSA information will be
      provided. The birthdate from SSA will be displayed in NUMIDENT
      DOB field.

SSN IS NOT ON FILE
  SSN is not known to SSA. No additional SSA information will be
  provided.

The last section of the screen will let the viewer know if more information
is available concerning either SSA or SSI benefits. If both exist, you may
press **F8** to go directly to the SSI information. If only SSI information
is available, you may press **ENTER** to go to the first SSI screen.

If no additional information is available, press **ENTER** to return to
INME.

Press **F9** to return to INME.

While in the process of viewing the reply screens, you can only go forward
from SSNR to the other screens. There is no capability to back-up. In
order to view previous screens, you will need to begin again at INME.

If SSA information exists, and you press **ENTER**, the SSAR screen will
appear.

```
SSAR                     SSA ONLINE QUERY RESPONSE                07NOV00 12:34
                                                                  BARBARA M
REQUEST SSN: 001 42 7703      REQUEST CLAIM NUMBER:
           ********* SSA\TITLE II INFORMATION *********
 SSA NAME: SOLQTEST        , ADELE        G   DOB: 28JUN62
 ADDRESS:  134 BROADWAY RD                     SSN: 001 42 7703  SEX: F
           SALT LAKE CITY UT                   BENDEX STATE:
                                               ZIP CODE: 84115
 PAYMENT STATUS: BENEFIT IS BEING PAID         TERM DATE:
 SSA PAYMENT AMOUNT:   524.00          DATE PYMNT EFFECTIVE: MAR1998
 SSA CLAIM NUMBER..:   001427703A00    INITIAL ENTITLE DATE: MAR1998
 TYPE OF BENEFICIARY: PRIMARY CLAIMANT  DISABILITY ONSET DATE: 29SEP97
 DIRECT DEPOSIT.....: CHECKING         DATE OF DEATH:
     ---------------------- PAYMENT HISTORY -------------------------
 DATE      AMOUNT      DATE     AMOUNT      DATE      AMOUNT
 FEB2000   569.50      DEC1998  556.00
 DEC1999   570.00      NOV1998  549.00
  XREF CLAIM NUMBER:111427777C01  DUAL ENTITLEMENT NUM: 142770300D
  BLACK LUNG:          AMOUNT:    0.00   RAILROAD RETIREMENT STATUS:
  HI: E  PREMIUM AMT:  0.00    BYIN START:       BYIN END:
  SMI: Y  PREMIUM AMT: 45.50   BYIN START:       BYIN END:
    SSI BENEFIT INFORMATION EXISTS. PRESS **PF8** TO VIEW SSI1
```

The following information is displayed from SSA records.

REQUEST SSN: The SSN sent from PACMIS as the basis for inquiry.
REQUEST CLAIM NUMBER: The Claim Number and Beneficiary Identification Code (BIC) sent from PACMIS as the basis of inquiry.
SSA NAME: Last name, First name and Middle Initial of the SSA client.
DOB: Date of birth
ADDRESS: Three lines of the mailing address of the SSA client. The first line may contain payee name. The format may vary.
SSN: The SSA client's own Social Security Number.
SEX: The sex of the SSA client.
BENDEX STATE: The 2 letter code of the state which has established a BENDEX match with SSA.
ZIP CODE: The mailing address ZIP Code.
PAYMENT STATUS: Current status of the SSA benefit.
TERM DATE: Month and year the event causing the SSA benefit termination or suspension occurred.
SSA PAYMENT AMOUNT: SSA benefit amount after deductions of beneficiary obligations such as Medicare premium, overpayment, child support, etc.
DATE PAYMNT EFFECTIVE: Date of entitlement for to benefits for the current period of entitlement.
SSA CLAIM NUMBER: The account number and BIC under which an SSA claim exists. The number portion is the SSN of the wage earner on whose record benefits are being paid. The BIC (beneficiary identification code) portion indicates the relationship of the beneficiary to the wage earner.
INITIAL ENTITLE DATE: Month and year when beneficiary was originally entitled on this record.
TYPE OF BENEFICIARY: The reason the person has a claim for SSA benefits.
DISABILITY ONSET DATE: The first date of onset of disability.
DIRECT DEPOSIT: Indicates if the SSA benefit is deposited directly in a checking or savings account.
DATE OF DEATH: If beneficiary is deceased, the death date will be displayed in this field.
PAYMENT HISTORY, DATE , AMOUNT: Up to six payment histories may be displayed, showing the month and year the corresponding gross SSA amount became effective.
XREF CLAIM NUMBER: Claim Number and BIC of a additional SSA account for the beneficiary.
DUAL ENTITLEMENT NUM: Claim Number and BIC of the dual entitlement SSA account for the beneficiary.
BLACK LUNG: Black Lung entitlement status.
AMOUNT: Black Lung payment amount.
RAILROAD RETIREMENT STATUS: Status of benefits under Railroad Retirement program. Amount of payment is not available.

HI: Medicare Part A, Hospital Insurance, status. Codes are:
   C - No; cessation
   D - No; denied
   E - Yes; automatic
   F - No; invalid enrollment
   G - Yes; good cause
   H - No; not eligible or did no enroll
   P - Railroad
   R - No; refused
   S - No; no longer under renal disease provision
   T - No; terminated for nonpayment of premiums
   W - No; withdrawal
   X - No; Title ii termination
   Y - Supplemental insurance (Part B) premium is payable
PREMIUM AMT: Medicare Part A premium amount.
BYIN START: Month and year Buy In began for Medicare Part A Premium.
BYIN END: Month and year Buy In stopped for Medicare Part A Premium.
SMI: Medicare Part B, Supplemental Medical Insurance, status. Codes are:
   C - No; cessation
   D - No; denied
   F - No; terminated
   G - Yes; good cause
   N - No; noresponse
   P - Railroad
   R - No; refused
   S - No; no longer under renal disease provision
   T - No; terminated for nonpayment of premiums
   W - No; withdrawal
   Y - Yes
PREMIUM AMT: Medicare Part B premium amount.
BYIN START: Month and year Buy In began for Medicare Part B Premium.
BYIN END: Month and year Buy In stopped for Medicare Part B Premium.

If SSI benefit information was received for this inquiry, a message appears at the bottom of the screen. Press **ENTER** or **F8** and the SSI1 screen will appear.

```
SSI1                    STATE ONLINE QUERY RESPONSE            07NOV00 12:41
                              PAGE 1                            BARBARA M
REQUEST SSN: 100 68 1006
         ********* SSI\TITLE XVI INFORMATION *********
SSI NAME: SSITEST          , SAM              SSN: 100 68 1006
ADDRESS:   SAMBO CHEA                         DOB 19MAY43    SEX: M
           109 FOREST AVE                     MARITAL STATUS: SINGLE
           2ND FL                             RACE: ASIAN
           PROVO UT                           PHONE: 801 521 7024
PAYMENT STATUS: BENEFIT IS BEING PAID         PAYMT ST EFF DATE: 09/91
CURRENT PAYMENT AMT (FED)...:   512.00        PAYMENT DATE: 01NOV00
CURRENT PAYMENT AMT (STATE).:    64.35        RECIPIENT TYPE: DI
OVERPAYMENT\UNDERPAYMENT:                     MEDICAID ELIGIBILITY: Y
SSI APP DATE:...........: 14JUL89
DENIAL REASON:                                DENIAL DATE:
APPEAL STATUS:                                APPEAL DATE:
DISABLE STATUS: FINAL DETER-ALLOWANCE         DISABLE DATE: 14JUL89
     -------------------- PAYMENT HISTORY ---------------------
DATE       AMOUNT      DATE       AMOUNT    DATE        AMOUNT
01JAN00      576.35    01OCT99      249.64  15JUL99      360.00
01DEC99      564.35    01SEP99      249.85  01APR99      365.19
10NOV99     2210.52    01AUG99      455.19
***** PRESS **ENTER** TO VIEW PAGE 2******
```

The following information is displayed from the SSA records:

REQUEST SSN: The SSN sent from PACMIS as the basis for inquiry.
SSI NAME: Last name, First name and Middle Initial of the SSI client.
SSN: The SSI client's Social Security Number.
ADDRESS: Four lines of the mailing address. The format may vary. The first line will display the client's name.
DOB: Date of birth
SEX: The sex of the SSI client.
MARITAL STATUS: Marital Status of the SSI client.
RACE: Race of the SSI client.
PHONE: Telephone number for SSI client.
PAYMENT STATUS: Status of the SSI payment.
PAYMT ST EFF DATE: Month and year of the last change to the SSI status.
CURRENT PAYMENT AMT (FED): The federal SSI amount the client is entitled to receive before any adjustment for overpayments.
PAYMENT DATE: The date of payment for the Current Payment Amt,

both Fed and State.

RECIPIENT TYPE: Type of recipient of SSI benefit. The codes are:

AI - AGED INDIVIDUAL	AS- AGED SPOUSE
BI - BLIND INDIVIDUAL	BC - BLIND CHILD
DC - DISABLED CHILD	DI - DISABLED INDIVIDUAL
DS - DISABLED SPOUSE	EP - ESSENTIAL PERSON
XS - INELIGIBLE SPOUSE	

OVERPAYMENT/UNDERPAYMENT: Indicates that the Current Payment Amount reflects an Overpayment (O), Underpayment (U), or Both (B).

MEDICAID ELIGIBILITY: Indicates the recipient's Medicaid eligibility status. C - 1619b status, D - Disabled adult child, S - State determined

SSI APP DATE: The date the claimant filed the application for SSI.

DENIAL REASON: The reason SSI benefits were denied.

DENIAL DATE: The date the applicant was denied SSI benefits.

APPEAL STATUS: Level of appeal and latest action.

APPEAL DATE: Date of most recent appeal action.

DISABLE STATUS: Indicates the status of SSI disability and blind cases.

DISABLE DATE: The date of disability onset alleged by an applicant, or the date of disability onset established for SSI recipient.

PAYMENT HISTORY, DATE, AMOUNT: Up to nine occurrences of SSI payment histories. The amount includes federal and state supplemental payments.

Press **ENTER** to view page 2 of the SSI data.

```
SSI2                    STATE ONLINE QUERY RESPONSE              07NOV00 12:45
                                PAGE 2                              BARBARA M
 REQUEST SSN: 100 68 1006
                 ********* SSI\TITLE XVI INFORMATION *********
 SSI NAME: SSITEST         , SAM                DOB 19MAY43   SEX: M


  WAGES:     0.00  SELF-EMPLOYMENT:     0.00   DEEMED INCOME:     0.00
                  UNEARNED INCOME
   TYPE          START    END      AMOUNT      CLAIM NUMBER




 DIRECT DEPOSIT: CHECKING                 DEATH DATE:
 INTERIM REIMBURSEMENT STATUS:            STATE:
 CITIZENSHIP:  F                          ALIEN ENTRY DATE: APR1984
                                          COUNTRY OF ORIGIN: CB


          ********* END OF SOLQ INFORMATION *********
           ********* PRESS **ENTER** OR **F9** TO EXIT *********
```

The following information is displayed from the SSA record:

REQUEST SSN: The SSN sent from PACMIS as the basis for inquiry.
SSI NAME: Last name, First name and Middle Initial of the SSI client.
DOB: Date of birth
SEX: The sex of the SSI client.
WAGES: Current monthly gross wages used for the SSI benefit calculation.
SELF-EMPLOYMENT: Current monthly gross self employment income used for the SSI benefit calculation.
DEEMED INCOME: Current monthly amount of income deemed to the recipient used for the SSI calculation.
UNEARNED INCOME TYPE, START, END, AMOUNT, CLAIM NUMBER: Current monthly gross unearned income used for the SSI calculation. The type indicates the kind of income the recipient was receiving; start and end indicate the date when the unearned income started and stopped. The amount is the gross monthly amount used for the SSI calculation. Claim Number will be present when the unearned income is SSA, VA, Railroad Retirement, Military retirement pay, Federal Civil Service. For income-in-kind the claim number field may contain identifying information such as FREE-RENT.
DIRECT DEPOSIT: Indicates if the benefit is deposited directly to a checking or savings account.

DEATH DATE: Date of death of the recipient when known. If the date of death is posted from a returned check, the day will reflect "01" or the date the returned check was processed.

INTERIM REIMBURSEMENT STATUS: Indicates the timing of reimbursement of state interim assistance payments or the reason for no reimbursement.

STATE: Reflects the State/county code corresponding to the agency with which the SSI applicant signed an agreement for reimbursement of interim assistance payments.

CITIZENSHIP: Indicates if an individual is in a special alien status.

ALIEN ENTRY DATE: Month and year the alien's residency began.

COUNTRY OF ORIGIN: Indicates an aliens country of origin.

Press **ENTER** or **F9** to exit. PACMIS will return to INME.